Section II.
Identification and Analysis of the Service System's Strengths, Needs, and Priorities

Adult Mental Health System

Criterion 1: Comprehensive community based services

The President's New Freedom Commission
Goal 1:Americans Understand that Mental Health is Essential to overall Health
Goal 2:Mental Health Care is Consumer and Family Driven
Goal 5:Excellent Mental Health Care is Delivered and Research is Accelerated

In December 2002, Governor Warner proposed a multi-year vision to restructure Virginia's mental health services system. The goal of this restructuring process is to achieve a more comprehensive and fully developed system of community-based care. This would also serve to reduce the Commonwealth's reliance on state facilities for services that could be more appropriately provided in the community.

In addition, DMHMRSAS has recently revised its mission to be:

> "We [DMHMRSAS Central Office] provide leadership and service to improve Virginia's system of quality treatment, habilitation, and prevention services for individuals and their families whose lives are affected by mental illness, mental retardation, or substance use disorders. We seek to promote dignity, choice, recovery, and the highest possible level of participation in work, relationships, and all aspects of community life for these individuals."

Health, mental health, and rehabilitation services

Employment Services

Obtaining and maintaining competitive employment can be a significant barrier to recovery for adults with a serious mental illness who continue to face challenging obstacles in their endeavors to engage in meaningful work. The Office of Mental Health intends to address many of these barriers through continuing and broadening its collaboration and coordination with multiple federal and state agencies, entities of local government, universities, public and private providers, consumers, family members, and advocacy groups through implementation of several diverse but coordinated initiatives.

One such initiative is The Medicaid Infrastructure Grant. The Office of Mental Health will continue to collaborate with the Department of Rehabilitative Services (DRS), Department of Medical Assistance Services (DMAS) and other state agencies to successfully implement the activities and

proposed outcomes of the most recent Medicaid Infrastructure Grant. These include: a) increased use of existing work incentives among current SSI and SSDI recipients, including a pilot project to increase employment of people with mental illness through a work incentives training and peer support program developed in collaboration with the Laurie Mitchell Employment Center (LMEC). LMEC will develop and pilot techniques and training for mental health consumers and other people with disabilities that could also be used in other consumer-run programs; b)_establishment of a Medicaid buy-in program for working Virginians with disabilities in the Medicaid State Plan. Virginia's General Assembly helped to support this initiative by passing a budget amendment in 2006 that will support the development of a Medicaid buy-in in Virginia's state plan. This will enhance the implementation of a Medicaid buy-in for those working Virginians with disabilities whose earnings are too high to qualify for traditional Medicaid comprehensive health care services; and, c) development and piloting of a mechanism for coordinating the provision of transportation services for Virginian's with disabilities across services systems in order to maximize the availability of transportation services in support of employment.

To help educate people with disabilities about their work options, the DRS, in conjunction with the Office of Mental Health applied for and received a Department of Labor Workforce Coordinating Grant to support the customization of WorkWORLD™ decision support computer software. WorkWORLD™ software helps people with disabilities make critical decisions about gainful work activity and the use of work incentives, taking into account SSI, SSDI, Medicaid, Medicare, Section 8 rental assistance, Auxiliary Grants and Food Stamps. Virginia specific WorkWORLD™ software has been developed and is now available for free download and use by consumers and staff to support decision making about the impact of work and earnings on benefits in individual cases.

Virginia's CSBs currently provide some supported employment services but Virginia's *One Community—Final Report of the Task Force to Develop an Olmstead Plan for Virginia* identified that the current employment services provided to adults with serious mental illness do not match the Evidence-Based Supported Employment/Individual Placement and Supports model. This model calls for an integrated team approach to coordinate the full range of employment, case management and treatment services. The report recommended that Virginia identify and solve the barriers to implementing this Evidence Based Practice. There are joint mental health and substance abuse employment initiatives between the Department and DRS that focus on specialized vocational assistance services in CSB mental health and substance abuse programs. The Department maintains an interagency agreement with the DRS that funds DRS counselors to provide programs addressing employment and community stability through vocational development, work habits, job readiness, and employment follow-along services, along with CSB clinical and social supports. The Olmstead Report called for increasing these services. In addition, it recommended the development of joint training initiatives among DMAS, DRS, and DMHMRSAS along with public and private providers in relation to employment-related services and supports that could be funded by each State agency.

In response to the expressed interest and desire of consumers to obtain competitive employment and the Olmstead Report recommendations, the Office of Mental Health, in collaboration with a wide range of stakeholders (consumers, DRS, DMAS, public, private and consumer operated mental health employment providers) applied for and was granted a Real Choice Systems Change Grant for Mental Health System Transformation as part of the President's New Freedom Commission initiative. One goal of this grant is to align Virginia's existing financial infrastructure, i.e., Medicaid Plan and DRS services with the evidence based practice of supported employment to the maximum extent possible. In January 2006 the Commissioners of DMAS, DRS and DMAS

endorsed a consensus statement on supported employment that highlights necessary and mutually agreeable activities that will be undertaken to support implementation of this evidence based practice. The outcomes of this effort should be equally applicable to supported education services.

In another employment-related initiative the Office of Mental Health continued its collaborationwith numerous entities to support Workforce Investment Board (WIB) grants from the U.S. Department of Labor. Office of Mental Health staff served on the Executive Management Council of the project awarded to the Capitol Area Workforce Investment Board (Capitol Area Training Consortium). The Capitol Area WIB was awarded approximately $975,000 for 24 months to enhance the ability of Virginia's One-Stop service delivery system to provide comprehensive employment services to jobseekers with disabilities and to enhance physical and program accessibility of the One-Stop system. Senior Disability Navigators who work in the One-Stops will be convening local area workgroups (DRS counselors and CSB mental health staff) to explore the development of expanded employment opportunities for individuals with a serious mental illness within each of their respective communities.

Peer Support and Peer Specialist Training

DMHMRSAS and the Human Services Research Institute sponsored the state-wide Planning Conference on Peer Support held in Charlottesville, Virginia February 12-14, 2006. 147 people, including national speakers, consumers and CSB and Central Office staff, attended the conference. It's purpose was to provide speakers, consumers and providers with opportunities to discuss (a) Peer Support Services--what they are, what they can be, and how to prepare to provide them, and (b) options for Peer Specialist training programs in Virginia.

The Department is currently working on statewide curricular options for Peer Specialist Training, which would be in addition to the existing Virginia Human Services Training Program. One of the four options being studied is designed as a recovery-based psychosocial rehabilitation program conducted by peers for new consumers entering the mental health system. All options to some extent incorporate the evidence-based practice of illness management and recovery.

Housing Services

In an ongoing effort to promote, enhance, and develop housing opportunities for individuals receiving mental health and substance abuse services, the Department has maintained collaborative linkages, partnerships and activities with the Virginia Housing Development Authority (VHDA), the Department of Housing and Community Development (DHCD), the Virginia Interagency Action Council on Homelessness (VIACH), the Virginia Housing Study Commission, CSBs, and public and private housing providers.

There are two primary barriers to the provision of housing for adults with mental disabilities: availability and affordability. In 2001, DHCD and VHDA held a series of housing forums across Virginia to solicit public input on current housing needs in each region of Virginia. Representatives from CSBs were present at most forums and provided important feedback about the housing needs of their consumers. In every regional forum, participants cited a lack of affordable housing; increased demand for special needs housing; and a need for education at the consumer, provider, and community level.

The Olmstead Task Force Report also highlighted the critical importance of assuring the availability of adequate supplies of affordable housing in order to assure that persons with disabilities live as independently as possible in the communities of their choice. The Task Force found that a wide range of community housing stock and models of support are not available because of a lack of adequate subsidies and other factors, and that State agencies must work collaboratively and creatively to make housing available and affordable for Virginians with disabilities under the Olmstead decision.

The Disability Commission, which was formed in 1990 under House Joint Resolution 45 to identify legislative priorities related to Virginians with disabilities, has also increased its focus on the housing needs of people with disabilities in its creation of a Disability Housing Workgroup (including representation by the Department and CSBs) to work with DHCD in developing a Housing Action Plan. Subsequently, the Commission issued a report entitled "Expansion of Affordable, Accessible Housing For Persons With Disabilities And Frail Elders Statewide".

Current Housing Activities:

Virginia DMHMRSAS participates in the following housing activities at the state level:

- Membership on the Disability Commission's Housing Work Group – Formed by the General Assembly, the Housing Work Group provides information to the Disability Commission on the current status of housing for persons with disabilities and makes recommendations as to the housing needs in the state. Currently the following priority areas are under review: the allocation of resources and new funding activities related to Section 8 and Medicaid Waivers; evaluation of source/origin of income as it is related to housing eligibility; monitoring and oversight of fair housing laws; building capacity, education, and training; and building more collaboration across service and housing agencies (including a disability housing registry).
- Membership on the Virginia Inter-Agency Council on Homelessness – Advocacy committee: A group that addresses program and policy issues relating to the prevention and resolution of homelessness at the state level and at the local level. Policy Committee: Promoting the development of housing and housing with support services to reduce chronic homelessness in the state.
- A partnership with the Virginia Department of Housing and Community Development – Creating tenant-based rental assistance programs for persons who are chronically homeless with disabilities. This is a pilot program to coordinate services between the housing voucher providers and the PATH sites that focus on outreach to homeless persons with serious mental illnesses.
- The promotion of housing creation at the local level by providing technical assistance in the areas of housing and support services and reviewing the supportive services plans for applicants planning to provide Section 811 Housing (Housing for Persons with Disabilities).
- The promotion and oversight of CSB based or sponsored residential programs through technical assistance by community support services and oversight by the office of licensure .
- The promotion of new and innovative housing projects that target the mental health population, currently working on the development of a rapid access to housing program in the Richmond (capitol) area.
- The promotion and oversight of CSB based support services to help mental health consumers access and retain housing through a network of residential supportive services and assertive community treatment teams.
- The provision of PATH (Projects for Assistance in the Transition from Homelessness) Sites – Providing outreach to homeless persons with mental illnesses or co-occurring disorders to

engage them in mental health services and to assist them with access to housing. These teams also provide services to keep persons with mental illnesses from becoming homeless by helping them stabilize at-risk housing situations.

- Membership and leadership within the Olmstead Initiative – Housing related items under discussion and on the agenda for this year include: access to a full array of safe and affordable permanent and transitional housing with services and supports available to those residents; individualization of discharge planning; provision of transition case management teams; assistance with upfront costs for moving into housing; increasing the Personal Maintenance Allowance to 300% of the monthly SSI payment limit in all Waivers; the establishment of a Housing Assistance Fund to provide additional funding for housing subsidies and income supplements; to require landlords to treat as income the value of Housing Choice Vouchers and other public benefits for people with disabilities; and the expansion of stabilization and support services such as companion services, respite care, home care services, bill paying services, and crisis stabilization services.

Programs for the Homeless

The Department of Housing and Community Development (DHCD) SHARE Homeless Intervention Program (HIP) provides temporary rental and mortgage assistance to low-income households at imminent risk of homelessness due to a crisis situation, and security deposit and temporary rental assistance to homeless families and individuals. Organizations eligible to administer the program are nonprofit agencies or governmental entities. Examples include, but are not limited to, cities, counties, towns, planning district commissions, local departments of social services, local departments of health, public housing authorities, area agencies on aging, community action groups, shelter providers and nonprofit housing organizations.

Starting in January 2005, The Virginia Department of Housing and Community Development (DHCD) began a two-year partnership with the DMHMRSAS PATH program to provide Tenant Based Rental Assistance (TBRA) to persons with disabilities who have extended histories of homelessness. Three PATH sites are currently involved in this project. The intent of the project is to provide PATH workers (as well as other disability service organizations) with the opportunity to assist homeless persons with rapid access to housing through vouchers that are readily available. Once the person is housed, the PATH or other disability service worker provides housing stabilization services and transitions the individual to a service system that can provide ongoing support. These vouchers are transitional housing and provide the recipient and the worker with up to two years to identify permanent housing resources.

DHCD also provides the following funds to local agencies involved with services for homeless persons:

- Share Expansion (FY2004: $395,455 in state general funds) – For the development or continuance of comprehensive self-sufficiency programs, including shelter beds.
- Share Homeless Intervention Program (FY2004: $4.5 million in state general funds & $780,170 in TANF program funds) – For the prevention of homelessness due to eviction or foreclosure.
- Child Services Coordinator Grant (FY2004: $360,000 in state general funds & $511,786 in TANF funds) – For coordinating services to children in both homeless and domestic violence shelters, including mental health, medical, and educational assessments, service referrals, and follow-up services.
- Child Care for Homeless Children (FY2004: $450,000 from block grant funds) – For the provision of childcare for homeless families.

- HOME Investment Partnership & Commonwealth Priority Housing Fund – Funds are available to assist local agencies in the development of housing programs including Single Room Occupancy Development.

Community Service Board case managers' work with consumers who are homeless or at risk of becoming homeless to move to stable housing. Case managers identify available resources and link consumers to relevant agencies and services. The goal is for all consumers to have stable, safe and affordable housing.

Educational Services

Psychosocial Rehabilitation and Treatment: DMHMRSAS has supported PSR in CSBs for more than 20 years, including educational components in many of them. In addition, in FY 1996, DMHMRSAS initiated development of psychosocial rehabilitation services in state mental health facilities. Currently all facilities serving adults with mental illness provide these services, which enable hospitalized persons with mental illness to learn skills that help them to be discharged from inpatient care and to live in communities around Virginia.

The Virginia Human Services Training Center (VHST) has been established through collaboration between DRS, the Department, Piedmont Virginia Community College, and the Region Ten CSB established. VHST is a consumer-provider training program that offers adults living with serious mental illnesses an opportunity to be trained to work in the field of mental health.

Substance Abuse Services

The Department's Office of Substance Abuse Services (OSAS) is undertaking several initiatives to help increase the use of evidence-based practices in CSBs and their contract agencies. OSAS is developing and distributing Guidance Bulletins to the CSBs that identify "best practices" in specific areas of clinical practice and has started publishing a newsletter via its web page. An internal EBP advisory committee has plans to examine best practices for treatment of individuals with co-occurring disorders and consider how to fit these practices into our continuum of care. In collaboration with the Substance Abuse Council of the VACSB, OSAS is developing a manual of core standards that specifically focuses on clinical issues. Finally, OSAS provides regularly scheduled technical support visits to CSBs to assist them in clinical issues, including identifying clinical practice models and assisting with evaluation design.

Medical and Dental Services

The Report of the President's New Freedom Commission on Mental Health indicates that states have relied on the Medicaid program to support their mental health systems and, as a result, Medicaid is now the largest payer of mental health services in the country. Even with this increased reliance on Medicaid funding, the New Freedom Commission Report suggests that the states have missed opportunities to use Medicaid funding because of uncertainties about:

- How to cover evidence-based practices,
- Which services may be covered under the State Medical Assistance plan,
- Which services are allowable under waiver, and
- How to use Medicaid funds with other private sources.

Given the importance of Medicaid as a primary source of funding for mental health services, any changes in how the program is structured could have a profound effect on Virginia's mental health services system. Medicaid is by far the largest single source of funds for community services across the state. DMHMRSAS works in collaboration with DMAS to increase the financial incentives to serve people with mental illness in the community whenever possible. Currently, covered mental health community services include:

- intensive in-home services for children and adolescents;
- therapeutic day treatment for children and adolescents, day treatment/partial hospitalization;
- psychosocial rehabilitation;
- crisis intervention;
- intensive community treatment;
- crisis stabilization;
- mental health support services; and
- community-based residential services for children and adolescents.

CSBs work with their consumers to identify those eligible for Medicaid and to assist them in their application for Medicaid. This opens up a wide range of medical, dental, and mental health services that would otherwise not be available to them. In addition, the Department has collaborated with the Virginia Association of Free Clinics (VAFC) in order to open a dialogue about areas of mutual interest. According to a survey conducted by the VAFC in September 2003, approximately 250 persons per week are seeking access to mental health services through Virginia's Free Clinics because services are not available from CSBs. These individuals most often need medications and outpatient counseling. Department staff and CSB physicians also participated with the Medical Directors and staff of Virginia's Free Clinics in a continuing medical education program sponsored by the Medical Society of Virginia which focused on delivering mental health care to the medically underserved. DMHMRSAS and CSB staff also presented to VAFC medical directors on issues related to accessing CSB services.

In many areas of Virginia, the most significant barrier to primary health care is the lack of providers in the individual's community. The Virginia Primary Care Association is devoted to improving access to primary care by increasing the number of practitioners in underserved areas of the state. One of their goals is to provide primary care to uninsured Virginians within a reasonable travel distance. They do so through their Scepter program, which places medical students and other primary health care professional students in Community Health Centers for two to six week rotations; through organized recruitment efforts; and by working with communities to develop solutions for improving access.

Support Services

Other types of supports for persons with serious mental illness include:

- Peer support
- Primary health care (for example, Medicaid)
- Housing and housing assistance (for example, rental assistance)

- Income assistance (for example, SSI/SSDI and food stamps)
- Transportation
- Family Support

Case Management Services

Case Management services assist individuals and their family members in accessing needed services that are responsive to individual needs. Services available include: identifying and reaching out to potential consumers; assessing needs and planning services; linking the individual to services and supports; assisting the person directly to locate, develop or obtain needed services and resources; coordinating services with other providers; enhancing community integration; making collateral contacts; monitoring service delivery; and advocating for people in response to their changing needs. In SFY 2004, 42,345 consumers with mental health disorders.

Services for persons with Co-occurring Substance Abuse and Mental Health Disorders

DMHMRSAS is presently engaged in several activities that address the needs of persons with co-occurring disorders. The Mid-Atlantic Technology Transfer Center operates the Virginia Institute for Professional Addiction Counselor Training and provides training for substance abuse services professionals throughout the state. Knowledge acquisition of providers is enhanced through Guidance Bulletins distributed to all CSBs. These efforts afford an opportunity to incorporate standards related to treatment of persons with co-occurring disorders. Recently DMHMRSAS submitted a revised State Incentive Grant for the Treatment of Persons with Co-occurring Substance Related and Mental Disorders, which, if funded, would supplement the above initiatives.

Despite these efforts, Virginia does not have a distinctive, planned, comprehensive and coordinated approach to delivering services to individuals with co-occurring disorders. Statutes and regulations governing the use of the Mental Health Performance Partnership Grant include services for dually diagnosed individuals, however these funds constitute only 2 percent of Virginia's allocation to CSBs. There are no mandated guidelines or existing forums that promote minimum acceptable standards for delivery of care for persons with co-occurring disorders and the Department does not currently have a comprehensive approach to training Central Office or CSB staff in the provision of coordinated and integrated services to individuals with co-occurring disorders.

Other activities leading to reduction of hospitalization

Programs of Assertive Community Treatment (PACT): PACT teams provide intensive treatment, rehabilitation, and support services that reduce state hospital utilization. Use of PACT programs has reduced the use of state hospital services by these consumers by over 72 percent and has achieved other positive consumer outcomes, such as reduced involvement in criminal justice and greater housing stability.

Use of New Generation Medications: Since FY 1997, the Governor and General Assembly have supported increased use of new generation medications for persons with serious mental illness with the addition of $16 million in new funds. These medications are more effective and have fewer side effects, thereby enhancing compliance and clinical outcomes, which helps reduce the use of institutional care.

Discharge Assistance Project: In FY 1998, DMHMRSAS initiated the Discharge Assistance Project (DAP), which serves approximately 705 persons with mental illness who were unnecessarily residing in DMHMRSAS hospitals due to unusual barriers to discharge. Under this initiative, individualized community service plans were developed, funded, and implemented so that these persons can now live in the community.

Acute Care Pilot Project: In FY 1999, the CSBs in the Richmond/Tri-Cities area entered into arrangements with community hospitals in to eliminate the use of acute care at Central State Hospital (CSH) by providing these services in the community hospitals. The CSBs, CSH, and the DMHMRSAS have jointly managed the utilization of these beds. This practice has allowed consumers who need hospital care to be treated closer to home and with shorter lengths of stay.

Discharge Protocols: In FY 2000, DMHMRSAS initiated development of standardized discharge protocols for use by all CSBs and state mental health facilities and provided extensive training in the use of the protocols. The protocols help clinicians focus on and identify specific community service and support needs for consumers ready to be discharged. The resulting discharge plans are more individualized, which results in a better match between consumers' needs and services provided, and in better consumer outcomes.

Quantitative targets for Criterion 1 are the performance measures selected in Section III:

- Readmission Rate
- Number of evidence-based practice services
- Persons receiving evidence-based practice services
- Positive perceptions of outcomes

Criterion 2: Mental Health System Data Epidemiology

The President's New Freedom Commission
Goal 5:Excellent Mental Health Care is Delivered and Research is Accelerated

Individuals Who Have a Serious Mental Illness

A mental disorder is broadly defined in the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition* (the *DSM* IV) as:

> A clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment of one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom.

Serious Mental Illness in Adults: Three dimensions define serious mental illness:

- Diagnosis of serious mental illness in the *DSM IV*, including schizophrenia and related disorders, affective disorders such as major depression and bipolar disorders, antisocial and borderline personality disorders;
- Severe, recurrent disability in two or more areas of life functioning, i.e., employment, meeting basic shelter and support needs, interpersonal relations, self-care and activities of

daily living, as well as violating community norms; and

- Treatment history that includes intensive services or services needed for an extended duration.

Total population prevalence estimates are based on the estimated resident population from the 2003 Census for Virginia. According to SAMHSA, 5.4% of all adults aged 18 and older or 301,728 in Virginia have a serious mental illness. Using 2003 Census data, this translates to 201,728 Virginia adults who have a serious mental illness.

Individuals Who Have a Substance-Use Disorder

Substance-related disorders can be categorized as either substance *use* disorders (substance dependence and substance abuse) or substance-*induced* disorders, which include intoxication, withdrawal, delirium, psychosis and other conditions caused by substance use. Substances can include prescription drugs, over-the-counter drugs, illegally manufactured drugs, alcohol, and tobacco. Substance *use* disorders may or may not be related to abuse or dependence on a substance.

- Substance *dependence* is characterized by continued use of the substance in spite of "significant substance-related problems" with "a pattern of repeated self-administration that usually results in tolerance, withdrawal and compulsive drug-taking behavior" (DSM IV).
- Substance *abuse* is characterized by "a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances (DSM IV).

Prevalence estimates of substance dependence (addiction) in the past year for individuals who are age 12 and over were obtained from the 2002 and 2003 National Household Survey on Drug Abuse (NHSDA). Using 2003 estimated Census data, these prevalence rates were applied to Virginia population data to extrapolate the estimated prevalence of dependence in Virginia. The estimated prevalence of adults and adolescents reporting past year dependence on any illicit drug is 2 percent, or 111,751 Virginians. The estimated prevalence of past year alcohol dependence is 3.5percent, or 195,565 Virginians. The total estimate in that time frame for any illicit drug or alcohol dependence or abuse is 9.9 percent, or 553,169 Virginians.

Individuals Who Have Co-occurring Substance Use Disorders and Mental Illness

Research suggests that as many as half of the adults who have a diagnosable mental disorder will also have a substance use disorder during their lifetime. (Kessler et al. 1994, Office of Applied Studies 2003, Regier et al. 1990) In 1998, SAMHSA estimated that 7.2 million persons between the ages of 18-54 with co-occurring disorders are living in households. This equates to approximately 191,210 adults in Virginia.

Quantitative targets to be achieved are the two performance measures established in Section III:

- Number of persons served by the state mental health authority
- Treated prevalence of serious mental illness

Criterion 3: Children's Services

Criterion 4: Targeted services to rural and homeless populations

The President's New Freedom Commission
Goal 3*:Disparities in Mental Health Services are Eliminated*
The Commission's final report recommendations include:

- *Rural America Needs Improved Access to Mental Health Services*
- *Rural Needs Must Be Met*

Rural Populations

In 2000, the DMHMRSAS Central Office participated in a regional summit co-sponsored by SAMHSA and HRSA, Bureau of Primary Health Care, and National Health Service Corps that focused on "Ensuring the Supply of Mental and Behavioral Health Services and Providers." In response, the Department entered into a partnership with the Virginia Department of Health, Virginia Primary Care Association, and the Virginia Rural Health Resource Center. The Partnership sponsored a two-day conference in September 2002 focusing on the integration of behavioral health into primary care.

Homeless Populations

The *Analysis of Housing Needs in the Commonwealth* (Virginia Department of Housing and Community Development and the Virginia Housing Development Authority, November 2001) reports that "demand for affordable housing among people with disabilities will continue to increase rapidly due to a number of factors including: the unresolved need to provide community living alternatives to institutional placement, the continued increase in life expectancy among disabled people, and the advanced age of many family care givers... [Yet,] the declining ratio of deep rental subsidy units to renter households in metropolitan housing markets will pose a severe challenge to addressing the needs of disabled people, particularly given the extremely large gap between prevailing rents and the incomes of most disabled people..."

This lack of affordable housing has been cited as the primary cause of homelessness among people with disabilities. Poor people who have a mental disability are at increased risk for homelessness. The number of Virginians with serious mental illnesses estimated to be homeless each year is between 12,000 and 20,000. This is based on studies that project between 5 percent (Task Force on Homelessness, 1992) and 8.4 percent (Culhane, 1997) of adults with serious mental illness become homeless each year. This population is often disengaged from mental health services and in great need of housing and support services.

Studies show that between 5% (Task Force on Homelessness, 1992) and 8.4% (Culhane, 1997) of adults with serious mental illness become homeless every year. In Virginia this amounts to between 12 and 20,000. Virginia is committed to providing services to individuals with serious mental illness who are homeless and is a recipient of Projects for Assistance in Transition from Homelessness (PATH) formula grant. This grant provides funds for outreach to persons who are homeless and have serious mental illness across the state. In FY 2004, these organizations provided outreach to 5479 homeless persons and 2221 (40 percent) of them were enrolled in PATH services. At enrollment, most (67 percent) were unengaged with the mental health system and without any

shelter (70 percent). PATH-funded staff helped 853 get into shelters and 730 were helped with housing assistance applications, 331 were placed in housing, and 642 were placed in mental health services. For FY 2005, Virginia is awarded $1,061,000 in PATH funds. This is an increase in funds from last year and has enabled Virginia to expand services at one site and add two new sites. There are currently twenty PATH sites in Virginia.

The performance measure chosen for Criterion 4 is level of shelter, housing and mental health services to homeless adults with serious mental illness.

Criterion 5: Management Systems

The President's New Freedom Commission

Goal 5:Excellent Mental Health Care is Delivered and Research is Accelerated

- *Change Reimbursement Policies to More Fully Support Evidence-Based Practices*
- *Address the Workforce Crisis in Mental health*

DMHMRSAS is the primary funding source for public mental health services in Virginia. Other revenues include Medicaid, other third-party payments, Federal grant funds and local tax revenues. The community mental health system is underfunded to provide all needed community-based services. This fact underlines the significance of the Community Mental Health Services Block Grant funds as part of the total resources used for community services. Mental Health Block Grant funds are primarily used in Virginia to support and develop services through CSBs. CSBs use the Block Grant funds, in conjunction with other state and local funds, to maintain and expand the array of community-based services for adults with serious mental illness.

The manner in which the State intends to expend the mental health block grant is described in the budget table on the following 2 pages.

DRAFT

FY2007 CMHS Block Grant Budget

	FFY07 Children with Serious Emotional Disturbance	FFY07 Adults with Serious Mental Illness	FFY07 Award Budget Total
Community Programs:			
Alexandria	230,574	369,418	599,992
Alleghany	-	11,518	11,518
Arlington	-	39,252	39,252
Blue Ridge	132,999	236,264	369,263
Central Virginia	144,389	17,939	162,328
Chesapeake	105,514	18,560	124,074
Chesterfield	83,766	14,193	97,959
Colonial	33,495	12,722	46,217
Crossroads	-	63,544	63,544
Cumberland	-	76,551	76,551
Danville Pittsylvania	52,707	24,184	76,892
Dickenson	-	36,429	36,429
District 19	-	70,052	70,052
Eastern Shore	-	11,776	11,776
Fairfax/Falls Church	242,061	963,826	1,205,888
Goochland	-	19,993	19,993
Hampton NN	123,526	14,990	138,515
Hanover	-	46,001	46,001
Harrisonburg-Rock	52,707	15,144	67,851
Henrico	102,670	456,801	559,471
Highlands	-	118,194	118,194
Loudoun	-	12,963	12,963
Mid Penisula NN	-	12,763	12,763
Mt. Rogers	15,649	206,399	222,048
New River Valley	108,178	193,526	301,704
Norfolk	86,168	43,610	129,779
Northwestern	37,197	16,101	53,298
Piedmont Regional	-	115,017	115,017
PD1	40,424	68,021	108,445
Portsmouth	-	147,169	147,169
Prince William	-	54,524	54,524
Rapp Area	46,287	16,708	62,995
Rapp-Rapidan	-	282,673	282,673
Region Ten	69,042	171,958	241,000
Richmond	123,282	283,043	406,325
Rockbridge	-	29,733	29,733
Southside	-	12,249	12,249
Valley	52,707	58,942	111,649
Virginia Beach	199,374	16,220	215,594
Western Tidewater	52,707	12,626	65,333
	-	-	-

DRAFT

MH Transformation	-	700,000		700,000
Community Medications	-	1,600,000	(3)	1,600,000
Total Community	2,135,424	6,691,598		8,827,022
VHST				75,000
Consumer Programs				261,518
VOCAL-Consumer Program TA				63,000
VOCAL-Consumer Education				50,000
VOCAL-Statewide Consumer Network				75,000
Family Education- NAMI				50,000
MH Planning Commission -(Operating Exp)				25,000
Federation of Families				75,000
Consumer & Family Education Trng				25,000
IAPSRS - Consumer Education				17,000
Emergency Services Conference				17,000
MHAV-CELT-Leadership Academy				75,000
Statewide Conference for Families				25,000
Program Evaluation				65,975
DMHMRSAS-Admin				511,922
SPO Medicaid Fees				
Total				10,238,43

(1) 15,087,397 - 917,688 + 90,265 =14,259,974

(2) based on amounts reported by the CSBs for MH Medicaid Fees on the FY06 Revised Performance Contract

(3) Budget for Community Medications;however, may be reduced and used for other purposes

Training in Emergency, Medical and Dental Services

A number of initiatives and planning activities are underway in Virginia to assure that training is provided for staff and providers of emergency health services and medical and dental services for children and adults regarding the mental health needs of their clients. DMHMRSAS works with the Virginia Hospital and Healthcare Association and the college of Emergency Physicians to identify, treat and stabilize the medical conditions of individuals prior to their admission to state psychiatric hospitals. CSBs make referrals to community providers of medical and dental services and case managers make every effort to locate medical and dental resources for indigent individuals.

The tragedy of September 11, 2001 increased awareness of the importance of effective mental health interventions for individuals who are affected by mass violence, terrorist attacks and other crises. Virginia was fortunate to receive grant funding from CMHS to assist in efforts to respond to this need. Some of the activities under this grant enabled providers of mental health services to receive training on how to ameliorate the psychological effects of disasters and terrorist events. These trainings are continuing. A multi-media package, which has utility for mental health and/or medical personnel, was produced and made available on an ongoing basis at each of the community services boards. The multi-media package serves as a training resource to communities on many topics, including appropriate mental health responses to victims of terrorism, resilience to stress, stress management, the grieving process and grief interventions. This resource is available on the DMHMRSAS web site at, www.dmhmrsas.virginia.gov. Through these efforts, Virginia has increased awareness of the most recent information about mental health responses to mass trauma and increase the ability of "first responders" to respond to mental health needs.

The performance measure chosen for Criterion 5 is the percentage of SMHA-controlled expenditures used to support community programs.

Staffing and Training in the DMHMRSAS System

The Virginia DMHMRSAS employs over 9,000 personnel across the service system in its mental health and mental retardation facilities and the central office. In the 40 Community Service Boards (CSB) across the state approximately 10,000 individuals are employed in clinical (MH, MR, SA and prevention) services and in administrative positions. This number does not include individuals who are not direct employees of the CSBs but provide services through contracts. Recruiting, training, supervising and retaining almost 20,000 skilled clinicians and administrators across the state is a significant enterprise.

In 2002, the DMHMRSAS Workforce Development Plan was developed with five objectives that encompassed initiatives that would address system-wide issues. These objectives were developed in conjunction with fielding an adequate workforce within the mental health, mental retardation, developmental delayed and substance use disorder services environment. From workforce planning, on-site and distance learning educational programs, creating partnerships, to recruitment and retention of critical positions within the system, DMHMRSAS continues to develop and implement programs addressing the critical workforce shortages and enhancing the quality of services to our consumers.

Since 2004, workforce-planning data has been developed to identify key occupations that require succession planning and innovative recruitment efforts. In addition, partnerships have been formed

with system stakeholders as well as educational institutions to offer on-site courses in nursing and continuing education coursework in the direct support profession. Web-based training for direct support professionals was piloted in 2004 by system stakeholders and plans are underway to implement this statewide in 2005. Such programs as Nursing Retention/Internal Alignment and International Registered Nurse Recruitment are on going, providing incentives and stability to our nursing staff. Currently, a compensation program for direct support staff based on increasing the competencies and quality of services provided to our consumers is being developed. A Workforce Development & Innovation web site is available as a resource for stakeholders and the public. http://www.dmhmrsas.virginia.gov/WDI/

With the above initiatives, DMHMRSAS continues to seek innovative programs to develop not only our current but our future workforce in critical health care positions used within the mental health, mental retardation and substance use disorder services system.

- In addition, a Co-occurring State Incentive Grant has been awarded to Virginia. The grant focuses on both the adolescent and adult populations. This Substance Abuse and Mental Services Administration grant awards Virginia $3,500,000 over a five year period. The federal funds are supporting the development of procedures for screening and assessment of persons seeking services, and staff training for the forty community services boards that provide publicly funded treatment throughout the Commonwealth. In addition, the grant is supporting a service pilot based at the Central Virginia Community Services Board in Lynchburg. Eleven other community services boards are also participating in the service pilot. The pilot programs are providing crisis stabilization services, including psychiatric assessment and treatment, as well as medical detoxification services and specialized case management. The Department has established an advisory committee of consumers, families and professionals who are actively participate in designing specific services for the pilot program.

- The Department was selected to participate in the National Policy Academy on Co-occurring Mental Health and Substance Abuse Disorders on January 11-13, 2005.

- A Governor's Conference was held December 9-10, 2004. The conference focused on Self-Determination, Empowerment and Recovery. Governor's recognition awards were given to exemplary programs. Kathryn Power was the keynote speaker on the first day. The conference included a panel presentation on *Achieving the Department's Vision* and had concurrent sessions on adults and children. Sessions focusing on adult issues included: Criminal Justice and MH/SA Alternatives for Adults; Personal Growth Stories; Public/Private Partnerships; Advocacy: Speaking Out; Recovery and/Resiliency; Self Help; and Promoting Quality form a Consumer's Perspective.

Strengths

Important new funding was allocated in FY2007 to support community services for mental health consumers. Virginia displays strengths in the following areas.

Community-based Services

- The expansion of community-based Medicaid services has enhanced the comprehensive system of care.

- Restructuring efforts underway are diverting costly inpatient resources into valuable community-based alternatives for consumers.
- We continue to work with DMAS to make sure that we maximize opportunities to provide community-based, recovery-oriented services.
- Although Virginia does not have a PACT service in its state Medicaid plan, efforts are under way to make it possible to bill for PACT services under Virginia's Intensive Community Treatment Service.

Homeless Population

- States are required to match PATH funds with cash or in-kind resources at a minimum of 33 percent, but Virginia's local providers have always contributed more than that amount to this much-needed program.

Training

- Virginia supports a number of training programs for providers of mental health and emergency services including: the Institute of Law Psychiatry and Public Policy, Emergency Services Conference, United States Psychosocial Rehabilitation Services Conference (Virginia Chapter), and other recovery-oriented training.

Weaknesses

Medicaid

- Although Medicaid is the largest source of funding for mental health services, DMHMRSAS does not have significant policy-making authority.
- DMHMRSAS and DMAS do not jointly establish goals, policies and plans for Medicaid service delivery.
- Virginia has not taken advantage of opportunities used by many other states to expand critically needed services that could be covered under Medicaid.

Service Delivery

- Not all CSBs offer all services, which results in an uneven continuum of care

Unmet Service Needs and Critical Gaps

Existing Waiting Lists

- CSB and state mental health facility waiting lists demonstrate that many consumers are not receiving the services that they need.

Geriatric Population With Serious Mental Illness

- Virginia does not have an organized system of specialized services for the geriatric population with serious mental illness.
- As the population ages, people with mental illness may also begin to experience complications from a variety of physical illnesses. Community mental health programs should prepare for these changes by analyzing their service arrays for their appropriateness for an older population. CSBs are likely to see an increasing number of individuals with mental illness who will require mental health supports to enable them to reside in a nursing home or assisted living facility.

- The aging population also will require some changes in the state's Medicaid benefit package. To avoid over reliance on state inpatient care for these individuals, it will be important to create more flexible Medicaid reimbursement for community-based services that are appropriate for older individuals with mental illness.
- If abuse of alcohol and legal drugs among older Virginians were to continue at the same rate as their U.S. counterparts (17 percent), demand for specialized treatment services could be 1.5 times greater in 2030 because of population growth. (Gfoerer and Epstein, 1999, in DASIS 2001)

Persons with Co-occurring Substance Use and Mental Illness

- Virginia does not have an organized system of specialized services for individuals with co-occurring substance use disorders across the state.

Evidence-Based Practices

- Virginia currently lacks the funding and infrastructure to fully implement evidence-based practices in community mental health centers.

Rural Areas

- Not all CSBs offer all services resulting in an uneven continuum of care
- There is a severe shortage of psychiatrists in rural areas.

Priorities and Plans to Address Unmet Needs

Waiting Lists for Services at local CSBs and State Mental Health Facilities

- The biennial Comprehensive State Plan describes Virginia's unmet service needs and is used as part of Virginia's budgetary process to document the need for increased funding. Waiting lists help to support the need for funding increases.

Geriatric Population with SMI

- A workgroup was established to focus on the geriatric population. The workgroup will submit its recommendations to the Commissioner on August 2, 2004. Recommendations include creation of new geriatric services in the community, coordination between state agencies, and specialized funding for the geriatric population.

Persons with Co-occurring Substance Use and Mental Illness

- Improved coordination between the Mental Health and Substance Abuse Offices at the state level. Promotion of coordinated community services. Virginia was awarded a State Indicator Grant Data Infrastructure Grant for Co-Occurring Disorders to support our efforts in these areas.
- The Department is hosting a Homeless Services Conference in October.

Evidence-Based Practices

- Virginia has applied for a Mental Health Transformation State Infrastructure Grant. One of the proposed activities is the creation of two Centers of Excellence to educate and train clinicians in evidence-based practices for children and adults.

Mental Health in Rural Areas

- DMHMRSAS has incorporated the following steps to address the need for increased services in rural areas into its Comprehensive State Plan for 2004-2010:
    - Convene a workgroup of state facility and CSB leaders to identify current and projected areas of service need.
    - Assess the capacity of current medical and clinical staff to meet the specialized service needs of individuals served by CSBs in rural and clinically underserved areas.
    - Identify the availability of specialized medical and clinical expertise in state facility programs by state facility service area.
    - Develop strategies to provide state facility specialized medical and clinical staff for treatment and consultation services to CSBs that have current and projected shortages.
    - Use state facility medical and clinical specialists to provide training to CSB personnel in identified areas of need, using interactive telecommunication networks and video technology.
    - Advocate Federal regulatory revisions to assess per capita allotments fairly within state allocations in distributing transportation funding so that amounts would be allotted equitably among rural and urban populations.

Recent Significant Achievements Towards a Community-Based Mental Health System of Care

Restructuring Virginia's Mental Health System

- Virginia's recent restructuring of the state's mental health system included diversion of funds from inpatient state mental health facility to local acute inpatient care and a variety of other community services.
- Consumers, families and other stakeholders have played an important role in strategic planning statewide.
- Virginia has developed new partnerships with private providers and community hospitals.

Rural Populations and Homelessness

- In 2004, DMHMRSAS hired a PATH coordinator.
- PATH funds were increased allowing the addition of 3 new PATH sites in 2004 and in 2005 new funds were used to promote benefits acquisition assistance.
- Representatives of several state agencies, including DMHMRSAS, participated in a Homelessness Policy Academy in 2004.
- The Disability Commission made housing and homelessness one of their priorities.
- Virginia DMHMRSAS submitted a Real Choice Systems Change Grant to establish a Medicaid waiver for high users of inpatient services with housing problems.

New Funding

- New funding was appropriated in the FY 05-06 Budget for the following programs:
    - Discharge Assistance Projects (DAP) (77 slots)
        - $3,600,000 in FY 05
        - $5,400,000 in FY 06
    - Programs of Assertive Community Treatment (PACT) (3 teams)

        - $2,000,000 in FY 05
        - $2,600,000 in FY 06
    - Inpatient Purchase of Service (POS)
        - $1,000,000 in FY 05
        - $1,000,000 in FY 06

Comprehensive Community-based Mental Health System of the Future

The Department has a new vision of "a community-based system of services that promotes self-determination, empowerment, recovery, and the highest possible level of consumer participation in work, relationships, and all aspects of community life." The foundation of this vision includes:

1. Self-determination, empowerment, resiliency and recovery,
2. Expanded quality of services including EBPs,
3. Access to care regardless of ability to pay,
4. Accountability through stakeholder monitoring of performance measures,
5. Partnerships with other local and state agencies,
6. Coordination of care,
7. Appropriate funding to address consumer needs, and
8. Efficient use of resources.